	PATENT	APPLICATION Effect	RD		107/226/							
		CLAIMS A		PART	1	ımın 2)		SMALL!		OR	OTHER	THAN
T	OTAL CLAIMS		17					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		•			X\$ 9≈		OR	X\$18=	
IN	DEPENDENT O	LAIMS	4 minus 3 =		• /			X43=	43		X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							7002					
* If the difference in column 1 is less than zero, enter "0" in column 2									<u> </u>	OR	+290=	
- 41						XIUMIN 2		TOTAL	478	OR	TOTAL	
	CLAIMS AS AMENDED - PART II OTHER TO (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E											
MFA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 17	Minus	PAU 2		- /		X\$ 9=	7	OR	X\$18=	/
	Independent	• 4	Minus	***	1.	- /		X43=	1	OR	X86=	/
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1/		.000	
_	- 1	+145= OR +290= OR +290= OR ADDIT FEE										
									/		ADDIT. FEE	
_		(Cotumn 1) CLAIMS	,	(Cotur		(Column 3)	1		ADDI-			ADDI-
IENT 0		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE	-	PATE	TIONAL
AMENDMENT B	Total	. 12	Minus	•• (20	2	H	X\$ 9=		ОЯ	X\$ 18=	
	Independent	• 2	Minus	*** (1		ll	X43=	1	ΘЯ	X86=	
	FIRST PRESE	NTATION OF ML	ATIPLE DEF	ENDENT	CLAIM		1	+145=		OR	+290=	
		·						TOTA	-	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
¥	Total	•	Minus	**	,	=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		-	l	X43=			X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR		
	I the entry in order	mn 1 is less than th	e antou la ach	ma 2 weisa	TY in an	hma 3		+145=		OR	+290≃	
	f the "Highest Nu	mber Previously Pa	ed For IN THIS	S SPACE &	less tha	n 20, enter "20.	'i A	TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
	The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.											

FORM PTO-875 (Rev. 1000)

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